

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|------------------|
| FEE DETERMINATION | J.B. | 20205 | 11-29-09 |
| O.I.P.E. CLASSIFIER | PW | 32 | 12/1 |
| FORMALITY REVIEW | | 70008 | 10-15-09 3100 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | 70-24-0 |
| 1 | J |
| 2 | J |
| 3 | V |
| 4 | V |
| 5 | V |
| 6 | Q |
| 7 | R |
| 8 | J |
| 9 | J |
| 10 | V |
| 11 | J |
| 12 | 4 |
| 13 | J |
| 14 | J |
| 15 | V |
| 16 | J |
| 17 | J |
| 18 | V |
| 19 | J |
| 20 | V |
| 21 | J |
| 22 | J |
| 23 | J |
| 24 | V |
| 25 | J |
| 26 | J |
| 27 | J |
| 28 | J |
| 29 | V |
| 30 | I |
| 31 | V |
| 32 | |
| 33 | Q |
| 34 | Q |
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| Claim | Date |
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| Claim | Date |
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| Final | Original |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here